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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/726,737 Confirmation No.: 5831
Applicant : KOTLIAR, Igor K.
Filing Date : December 3, 2003
Title : HYPOXIC AIRCRAFT FIRE PREVENTION AND SUPPRESSION SYSTEM
WITH AUTOMATIC EMERGENCY OXYGEN DELIVERY SYSTEM
Group Art Unit : 3752
Examiner : Steven J. GANEY
Docket No. : IKK-19

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

September 9, 2008

AMENDMENT TRANSMITTAL

Transmitted herewith is an Amendment in response to the Patent Office communication titled "Notice of Non-Compliant Amendment ", dated July 23, 2008.

Facsimile Transmission

Number: 571-273-8300

Date of transmission: 9 September 2008

I hereby certify that this correspondence is being transmitted to the U.S.P.T.O. fax # 571-273-8300 on the date indicated above and is addressed to the Commissioner for Patents, P.O. box 1450, Alexandria VA 22313-1450

Igor K. Kotliar

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

09/12/2008 ETECLE1 00000005 10726737
01 FC:2251

Applicant : KOTLIAR, Igor K.
 Appl. No. : 10/726,737
 Examiner : GANEY, Steven J.
 Docket No. : IKK-19
 Filing : Response to Notice of Non-Compliant Amendment

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$230.00	\$460.00
<input type="checkbox"/> three months	\$525.00	\$1,050.00
Total:		Fee \$60.00

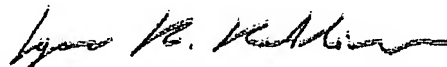
☐ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$60.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. _____
☐ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. _____
- B. ☒ Payment Enclosed
Check # 335 being mailed on September 9, 2008 to the
Commissioner for Patents, P.O. box 1450, Alexandria VA 22313-1450

Total Claims	- 20 -	x \$50.00
Independent Claims	- 3 -	x \$210.00
Application Size Fee (\$250 for each additional 50 sheets or fraction thereof)	- 100 -	x 260.00
Multiple Dependent Claims	\$370 (if applicable)	<input type="checkbox"/> \$0.00
Surcharge 37 CFR § 1.16(e)	\$130 (if applicable)	<input type="checkbox"/> \$0.00
TOTAL OF ABOVE CALCULATIONS		
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.	<input type="checkbox"/>	\$0.00
Extension of Time (from above)		\$60.00
Assignment -- \$40 (if applicable)	<input type="checkbox"/>	\$0.00
TOTAL FEES SUBMITTED HEREWITH		\$60.00

Respectfully submitted,



Dated: September 9, 2008

By: _____
 Igor K. KOTLIAR